



City of Canal Winchester

36 South High Street
Canal Winchester, Ohio 43110
Development Department
Phone (614) 837-7501 Fax (614) 837-0145

SOLICITOR LICENSE APPLICATION

rev. 09/25/2013

BUSINESS OR ORGANIZATION

Name _____

Address _____

Daytime Phone _____ Email _____

APPLICANT

Name _____

Address _____

Daytime Phone _____ Email _____

Date of Activity _____ Hours of Activity _____

Proposed Use _____

**I certify that the information provided with this application is correct and accurate
to the best of my ability.**

Applicant's or Authorize Agent's Signature

Date

DO NOT WRITE BELOW THIS LINE

Date Received: ____ / ____ / ____ Fee: \$ _____
Paid ☐

Date of Action: ____ / ____ / ____

Expiration Date: ____ / ____ / ____

Application ____ No

Approved: ____ Yes

____ Yes, with conditions